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\*BIBDATASHEET\*

CONFIRMATION NO. 9763

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/600,404	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 3614/171
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/824,519 04/02/2001 PAT 6,611,716 which is a CON of 09/100,336  
 03/26/1998 PAT 6,230,057  
 which is a CON of 08/642,702 06/03/1996 ABN  
 which is a CIP of 08/465,766 06/06/1995 PAT 5,895,415

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 09/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

23418

**TITLE**

MULTI-PHASIC MICROPHOTODIODE RETINAL IMPLANT AND ADAPTIVE IMAGING RETINAL  
 STIMULATION SYSTEM

<b>FILING FEE RECEIVED</b> 384	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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